BUREAU OF EMERGENCY MEDICAL SERVICES AND PREPAREDNESS
UTAH DEPARTMENT OF HEALTH

February 2017
Issue 1

EMS NEWSLETTER

Providing information to the Emergency Medical Service Providers of Utah

2017 BRINGS A NEW LIFE TO THE EMS NEWSLETTER

It has been several years since the Bureau of Emergency Medical Services and Preparedness (BEMS&P) published the "EMS Impact Newsletter." Due to the budgets and priorities that affected all state agencies years ago, the original printed copy of the EMS Impact Newsletter was discontinued.

Now, given the new capabilities of the bureau, this newsletter will be published quarterly and sent electronically to the email address on each EMS provider's official record.

The main purpose of this newsletter is to present EMS providers, whether affiliated with an EMS agency or unaffiliated, in the public or private sector, with information to assist them in maintaining their license and to improve the quality of care being provided. Future newsletters will address various issues that are specific to each level of provider. This issue will give all providers an initial exposure to the new EMS Newsletter format.

This EMS Newsletter is for information, reference, and educational purposes only. For official regulations, laws, and policies consult with your local medical director, use the resources on the EMS website at: http://bemsp.utah.gov/ or contact the Bureau of Emergency Medical Services at 801-273-6666 or toll-free at 800-284-1131.

Goals of this publication include providing information on the changes in recertification requirements, new rules and regulations, EMS seminars, and trends in EMS.

As part of the new format of this EMS Newsletter we are requesting input from EMS personnel as to what articles or information you would like to see in this publication. Please send your input to: Dennis Bang at: dbang@utah.gov.

The bottom line is improving overall emergency medical care by providing information to those who provide the care.

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Current EMS Issues

A NEW BEMS&P WEBSITE

The Bureau of Emergency Medical Services and Preparedness recently launched an updated bureau website. The new website: http://bemsp.utah.gov/ is designed to provide easy access to current information for all those involved in providing emergency medical services to the state of Utah.

It is highly recommended that you take the time to explore the information provided on the new website. There are multiple pages of information and ready resources to assist you.

Additional content and updates will be coming as time and funding permits. Please check back often to note any new information that may be added.

EMS UPDATE

It is critical for all EMS providers to stay current on any changes affecting patient care. There are substantial changes to the back boarding procedures and to the administration of oxygen that occurred in the last year. This is why it is so critical for EMS providers to be proactive in maintaining their skills once they have completed their required training. This applies to the EMS provider who is working with an agency or is currently unaffiliated.

There are multiple sites that will provide current treatment information such as the National Registry of Emergency Medical Technician website: www.nremt.org, the American Heart Association website: www.heart.org, and the Bureau of Emergency Medical Services and Preparedness: http://bemsp.utah.gov/.

The 2017 Utah EMS Protocol Guidelines have been published and are available at: http://bemsp.utah.gov/operations-and-response/ems-operations/medical-directionems-protocol-guidelines/.

Remember it is your responsibility to maintain your knowledge and skills as an EMS provider.

IMAGE TREND UPDATE

Utah BEMSP is pleased to announce we are moving forward with the Image Trend Elite prehospital reporting system which will replace POLARIS. Elite will bring the state up to the current NEMSIS version 3.4 standards. The bureau is currently on boarding agencies that are ready to start using the new Elite system.

Training is being offered to all agencies that used the POLARIS system and technical support will be provided to agencies that will be submitting data to the bureau via their agency's data system. Please contact Felicia Alvarez at 801-273-6668 or falvarez@utah.gov to coordinate training for your agency.

UTAH JOINS THE NATIONAL REGISTRY OF EMERGENCY MEDICAL TECHNICIANS (NREMT)

National Registry of Emergency Medical Technicians®
THE NATION'S EMS CERTIFICATION™

For those of you who did not know, in June 2015 Utah required all EMS courses to test using the NREMT standards. The Utah Department of Health Bureau of Emergency Medical Services and Preparedness has accepted the NREMT as the testing standard for the state of Utah.

In other words, once you have finished your EMS course you will be tested using the appropriate NREMT testing standards. For the EMR and the EMT courses, the individual course will conduct the psychomotor (practical) testing. For the AEMT and paramedic courses your psychomotor testing will be provided by your course with a representative from the NREMT proctoring the test.

All EMS courses will take an NREMT cognitive (written) examination that is provided through the Pearson VUE testing services. At this time the AEMT is not being tested with the computer adaptive test, it has a straight 135 questions.

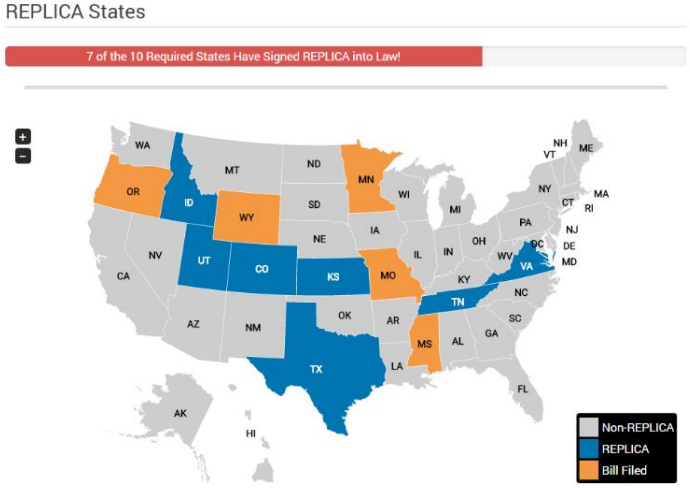
After you pass the NREMT cognitive and psychomotor examinations, you will receive a Utah Department of Health, Bureau of Emergency Medical Services and Preparedness four-year license. You will also receive a two-year certification from the NREMT. At this time you are only required to maintain your Utah license. It is your option to maintain the NREMT certification.

The current recertification requirements are still in effect, however, there is a major change coming to the recertification requirements. Utah is in the process of adopting the National Continued Competency Program or NCCP as outlined by the NREMT. The details of the new recertification requirements will be published as soon as they are approved by the bureau.

REPLICA IS COMING

The **Recognition of EMS Personnel Licensure Interstate CompAct** will be activated after the tenth state signs the REPLCIA legislation into law. REPLICA brings many important enhancements to the EMS profession. Once activated, qualified EMS professionals licensed in a "Home State" will have the legal "Privilege To Practice" in "Remote States." *Home States* are simply a state where an EMT or paramedic is licensed. *Remote States* are other states that have adopted the REPLICA legislation.

More information will be available in future newsletters.

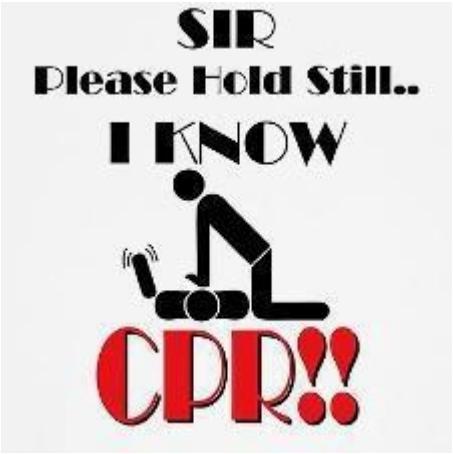


ONLINE APPLICATIONS

As part of the continuing upgrade of the EMS website and associated requirements, all applications for licensing and recertification must be completed online. The new website for the online applications is: https://emslicense.utah.gov. There are specific instructions provided for those providers who are currently certified but have not accessed their new account on the system. You will need to login under the forgotten username and set up your account. This will be used when you apply for recertification.

NEW FINGERPRINT REQUIREMENTS

With changes to the licensing and certification system, every EMS provider is required to have their fingerprints "live scanned" into the EMS system. What this means is that even if you've been certified for multiple years and have had your fingerprints taken in the past, or have had them taken for another agency, you must still have a "live scan" completed for the Bureau of EMSP. There is a one-time $65 fee to have your fingerprints scanned and entered into the system. For questions you may see your training officer or contact the bureau at 801–273–6666.



RECERTIFICATION REQUIREMENTS

The current recertification requirements are listed at http://bemsp.utah.gov/wp-content/uploads/sites/34/2016/12/Recert-Manual-Final-122016.pdf. This manual lists all current requirements for each EMS level to recertify.

As long as you meet the current recertification requirements prior to your expiration date, including paying your fees, submitting your CME hours, TB test results, and getting your fingerprints taken you will not be required to take a practical or written test. If your BCI check (with your fingerprints) is not completed prior to your expiration date your certification will be considered expired. In most cases, it currently takes two to three weeks for your BCI check to be returned to the bureau.

You are required to have your recertification paperwork submitted a **minimum of 30 days** prior to your expiration date. This is a simple step to ensure that your license does not expire, which would require you to test.

The new online application is required for you to complete your recertification requirements.

However, if you fail to meet these requirements prior to your expiration date you will be required to take and pass the written (cognitive) test before you can be recertified.

Listed below is the National Registry of EMTs' Implementation of the 2015 AHA Guidelines for CPR and Emergency Cardiovascular Care. This is provided to assist you in understanding the current CPR and ECC guidelines.

National Registry of EMTs' Implementation of the 2015 AHA Guidelines for CPR and Emergency Cardiovascular Care

In consideration of implementation of the 2015 American Heart Association (AHA) Guidelines for Cardiopulmonary Resuscitation (CPR) and Emergency Cardiovascular Care (ECC), the National Registry of Emergency Medical Technicians (NREMT) completed a review of the available published documents to date. The most significant change in the development of the 2015 AHA Guidelines is that this update is based on the International Liaison Committee on Resuscitation's (ILCOR) comprehensive review of prioritized topics and is not a comprehensive revision of the 2010 Guidelines. Of note, the AHA did incorporate many of the 2010 Guideline recommendations, some of which are included below. The NREMT Standards & Examination Committee has discussed and approved the impact of the recommended changes to all National EMS Certification materials. As previously announced, the NREMT began implementing the associated recommendations of the 2015 AHA Guidelines for CPR and ECC for all levels of National EMS Certification (NREMR, NREMT, NRAEMT, NRP) effective September 1, 2016.

The NREMT will continue to require that all candidates for National EMS Certification possess a current and valid CPR credential which is equivalent to the AHA's BLS Provider Course. The following will highlight our understanding of the significant changes contained in the 2015 AHA Guidelines.

BASIC LIFE SUPPORT

The NREMT supports the 2015 AHA Guidelines which re-emphasize the sequence for CPR to be C-A-B in unresponsive patients (Compressions, Airway, Breathing). In order to minimize delay in beginning chest compressions, simultaneous breathing and pulse check should be limited to no more than 10 seconds. Healthcare providers should provide both chest compressions and ventilations for victims of cardiopulmonary arrest. Administration of immediate, high-quality CPR is considered of utmost importance which is characterized by:

- Ensuring chest compressions at a rate of at least 100 compressions per minute but no more than 120 compressions per minute for both adult and pediatric patients.
- Ensuring chest compressions at an adequate depth of between 2 – 2.4 inches (5 – 6 cm) in adults and adolescents, 2 inches (5 cm) in children, and 1.5 inches (4 cm) in infants. Chest compression depth should not exceed 2.4 inches (6 cm).
- Allowing full chest recoil between compressions to promote venous return. Avoid leaning on the chest wall between compressions.
- Minimizing interruptions in chest compressions in all patients. For adult patients in cardiac arrest, the goal compression fraction (the percentage of time during the entire resuscitation that compressions are being performed) is 60 – 80%.
- Avoiding excessive ventilation. Without an advanced airway, adult patients should receive CPR using a compression-to-ventilation ratio of 30:2. One rescuer for a

pediatric patient should use a 30:2 ratio; however two rescuers should use a 15:2 ratio. With an advanced airway in place, ventilation should be delivered at a rate of 10 per minute for adults and 12 – 20 per minute for pediatric patients. Passive ventilation techniques are not recommended when delivering conventional CPR.

We also note the following BLS recommendations:

- Rapid defibrillation remains a significant focus with a recommendation to use an AED as soon as one is available for adult and pediatric patients. CPR should be provided while the AED is retrieved, attached to the patient, and preparing to analyze the rhythm.
- The use of mechanical compression devices may be considered in settings where the delivery of high-quality CPR is challenging or dangerous for the provider (i.e., in a moving ambulance). However, the evidence does not demonstrate a benefit of mechanical compression devices versus manual compressions in cardiac arrest patients.
- After achieving ROSC, oxygen administration should be adjusted to maintain oxygen saturation leve 94% but less than 100%. (2010
- Neonatal suctioning immediately following birth (including suctioning with a bulb syringe) should be reserved for babies who have obstruction to spontaneous breathing or who require positive pressure ventilation. (2010 guideline)
- In consideration of the significant public health issue of opioid overdoses, it is appropriate for BLS providers who are properly trained to administer naloxone for opioid-associated resuscitation emergencies if the patient is not in cardiac arrest and if permitted by local regulations. Opioid-associated resuscitative emergencies are defined as the presence of cardiac arrest, respiratory arrest, or severe life-threatening instability due to opiate toxicity. However, any pulseless individual should be managed as a cardiac arrest patient using standard resuscitation measures with a focus on high-quality CPR as described above.

**Copied from the NREMT website: https://www.nremt.org/rwd/public/document/news-aha-8-22-16

EMS INSTRUCTORS

The bureau understands that change is an essential element in EMS. The challenge is providing the new information in a concise, timely, and understandable manner to allow instructors to be able to share the changes with those they teach. Since the instructor seminar is only required once every two years it has been difficult to ensure that current information is being provided to all EMS instructors. One of the purposes of this newsletter is to breach that period and share critical information with the instructors.

Another issue is that some EMS instructors are using the NREMT skill sheets as teaching guidelines. The NREMT has specifically noted that the NREMT skill sheets are for testing only. The patient assessment skill sheets are not in the right order to be used as teaching guidelines.

2017 EMS INSTRUCTOR SEMINARS

- **March 3 – St. George**
- **March 24 – Brigham City**
- **April 28 – Price**
- **August 18 & 19 – Sandy**

More information available at: http://bemsp.utah.gov/ems-educator-certification/

COURSE COORDINATORS

The biggest change for course coordinators involves the implementation of the NREMT testing requirements. For the EMR and EMT, the students are provided a psychomotor test by the individual course after they have completed the entire course. For the EMT course, the psychomotor testing is conducted after the actual course has ended. A minimum 120 hours must be completed before the student is allowed to test. The requirement of completing the course prior to testing is also required for the Advanced EMT and Paramedic students. The difference is that the NREMT proctor will conduct the AEMT and Paramedic psychomotor testing.

The next issue for course coordinators to consider is the new National Continued Competency Program (NCCP). This program provides specific Continuing Medical Education (CME) requirements for recertification. It dramatically affects EMS providers who are not affiliated with a provider agency and how they will receive ongoing CME hours. In the future, there is a potential that courses will provide CME hours that meet the NCCP requirements for those EMS providers who are not within an agency. More information on the requirements will be provided at the EMS instructor seminars this year.

TRAINING OFFICERS

Without repeating what was said in the instructor's corner, some of the same problems arise for the training officer. Keeping current on changes in ensuring that their agency is following the current policies of the bureau is an ongoing issue. The bureau realizes that the training officer is key to keeping all personnel current and certified. As with the instructors, one of the purposes of this newsletter is to assist the training officer with the most current updated information. An example of this is the National Continued Competency Program (NCCP) as the proposed state requirements for recertification. This will require a change to how we recertify area personnel. The bottom line when the NCCP is implemented it will actually assist agencies by providing specific CME subjects and reference material. It will provide a uniform platform of evidence-based medicine to reach EMS providers all over the country. This will assist the training officers with specific CME requirements and still allow the agency specific CME hours of their choosing. More information is available at the NREMT website: https://www.nremt.org/rwd/public/document/nccp.

BECAUSE WE CARE

MEDICAL DIRECTORS

2017 Utah EMS Protocol Guidelines now available!

We are proud to announce the posting of the 2017 Utah State EMS Protocol Guidelines on the BEMSP website: http://bemsp.utah.gov/, under the EMS Operations tab. These are fully updated, with reference to the latest available evidence and to the NASEMSO National Model EMS Clinical Guidelines. New highlights include a new cardiac arrest guideline featuring the concepts of high performance CPR as taught by the Seattle Resuscitation Academy, a new comprehensive general trauma guideline, a new excited delirium guideline which includes the use of prehospital ketamine, and many minor updates to the original guidelines.

These guidelines are meant to be a resource for your medical director as he/she updates your agency's field treatment protocols. You may use them as is and put your agency's logo at the top. You may modify them or pick and choose the protocols you like best, or you may ignore them completely. Your choice. In any case, we hope they will be a valuable resource. The majority of the EMS agencies in the state have begun utilizing these guidelines in the development of their own field treatment protocols and this has resulted in increased consistency of field care across the state.

I'd like to thank our Guidelines Development Committee who worked together on these for nearly a year. The Committee members are: Mark Bair, Scott Youngquist, Hilary Hewes, Russell Bradley, Jack Meersman, Annalyn Beers, Tia Dalrymple, Andy Ostler, Chuck Cruz, Joey Mittelman, Clint Smith, Hill Stoecklein, and Jenny Allred.

Hopefully, you'll find these updated guidelines helpful. As always, I'm very interested in feedback regarding these guidelines. If you want a copy in Word format, please email me directly.

Best,

Peter

Peter P. Taillac, MD

Medical Director

UPCOMING EMS SEMINARS

Utah Association of Emergency Medical Technicians Convention
May 18, - 20, 2017
Dixie Convention Center, St. George, UT
https://uaemt.wildapricot.org

EMS Associates – Summit in Provo
November 15-18, 2017
http://emsassociates.com/provo/

IMPORTANT BEMS&P WEBSITES

Bureau of Emergency Medical Services and Preparedness web page:

http://bemsp.utah.gov/

Bureau of Emergency Medical Services and Preparedness Licensing and Certification system:

https://emslicense.utah.gov/Login/

National Registry of Emergency Medical Technicians:

https://www.nremt.org/rwd/public

National Highway Traffic Safety Administration Office of EMS:

https://www.ems.gov/